

**Michigan Department of Community Health
Definition, Core Values/Principles and
Essential Elements
of
Person Centered Planning Process for Long Term Care Supports & Services,
Settings and Programs**

Definition

"Person-Centered Planning" means a process for planning and supporting the consumer receiving services that builds on the individual's capacity to engage in activities that promote community life and that honors the consumer's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the consumer desires or requires. (PA 634 **Sec. 109i** (23) f)

Core Values and Principles

The Person-Centered Planning process is based on the following values and principles:

- Person-Centered Planning is an individualized process designed to respond to the preferences and desires of the individual.
- The person and (if desired) people important to him or her are included in planning.
- Each individual has strengths and the ability to express preferences and make choices.
- The individual's choices and preferences shall always be honored and considered.
- The person uses, when desired and available natural and community supports.
- Each individual can contribute to the community, and has the ability to choose how supports and services may help them meaningfully participate in and contribute to the community.
- Person-Centered Planning processes maximize independence, create or maintain community connections, and work towards achieving the individual's dreams, goals, and desires.
- A person's cultural background shall be recognized and valued in the planning process.
- The planning process is supportive of the person and their wishes, collaborative, reoccurring and involves an ongoing commitment to the whole person.

Essential Elements

The Person-Centered Planning process includes the following:

- *Person-Directed.* The individual controls the planning process.
- *Capacity Building.* Planning focuses on an individual's gifts, abilities, talents, and skills rather than deficits.
- *Person-Centered.* The focus is continually on the individual's life with whom the plan is being developed and not on fitting the person into available services and supports in a standard program.
- *Outcome-Based.* The planning process focuses on increasing the experiences identified as valuable by the individual during the planning process.
- *Presumed Competence.* All individuals are presumed to have the capacity to actively participate in the planning process (even individuals with cognitive and/or mental disabilities are presumed to have capacity to participate).
- *Information.* A PCP approach must address the individual's need for information, guidance, and support.
- *Facilitation.* Individuals may choose to have an independent advocate/champion to act as facilitator. Facilitation may include pre-planning and conducting the planning meetings. This may be done more effectively by someone outside of the provider organization
- *Participation of Allies.* For most individuals, person-centered planning relies on the participation of allies chosen by the individual, based on whom they feel is important to be there to support them.
- *Health and Welfare.* The needs of the individual must be addressed in a person centered manner, strategies to address identified health and welfare needs are supported to allow the individual to maintain his/her life in the setting of his/her choice.
- *Documentation.* The planning results should be documented in ways that are meaningful to the individual and useful to people with responsibilities for implementing the plan.